

11TH NATIONAL VETERANS GOLDEN AGE GAMES GENERAL INFORMATION

Welcome to the 11th National Veterans Golden Age Games hosted by the Dwight D. Eisenhower Veterans Affairs Medical Center. Most events are being held at the historic Fort Leavenworth home of the United States Army Combined Arms Center. Fort Leavenworth is the second oldest and the largest National Historic Landmark District in the Department of the Army. We hope you take the time to explore historical attractions in the Leavenworth, Lansing, and Fort Leavenworth areas and take advantage of the alternate activities we have planned throughout the games.

REGISTRATION

Registration will be limited to **500** athletes. All completed registration packets will be accepted in the order in which they are received.

Each team of five athletes is required one coach. A list of each coach's athletes must be submitted with the registration form. Coaches with less than five athletes may participate but will be required to pay for their meals. All deadlines apply to registered coaches.

Three registered alternates per team may be listed. Registration packets including medical and physical forms must be completed for all alternates. Only registered alternates will be considered for participation. Coaches need to have all their applications in by May 9, 1997.

MEAL TICKETS

Meal tickets will be provided at registration for each athlete and coach of five athletes. The meal ticket includes meals for the following: Monday morning and all meals through Saturday morning.

Meal tickets for all other attendees will be on sale during registration on Monday, July 28, 1997. The cost is \$150.00 for 16 meals. Individual meals may be purchased on a daily basis at the Frontier Conference Center.

Breakfast will be provided on Monday, July 28, 1997, through Friday, August 1, 1997, at the Embassy Suites hotel and at the Frontier Conference Center for those staying at Hoge and the Commander's Inn. Noon and evening meals will be provided at the Frontier Conference Center.

EVENT RULES

A revised rule book will be available at your affiliated VA Medical Center. Contact the Chief of Recreation Therapy Service and/or Voluntary Service for specific inquiries. Copies will be made available upon request to those athletes who are not associated with a VA Medical Center by calling **(913) 684-GAME (4263)**. Athletes are encouraged to bring their own sporting equipment (with the exception of air guns which will be provided) which will be subject to inspection prior to play to assure that the equipment meets all specifications.

TRANSPORTATION

Transportation will be provided by the game organizers, Sunday, July 29, 1997, through Friday, August 1, 1997. Members of the VFW and local organizing committees will greet you at your airport gate. To ensure timely transportation from the airport to the hotels, it is imperative that your airline reservation information be received in the registration packet **NO LATER THAN MAY 9, 1997**. It is also important that any changes to your reservations be communicated to the Games Registration Committee by calling **(913) 684-GAME (4263)**. All major airlines are fully wheelchair accessible.

Parking at event sites is limited, therefore transportation will be provided to all event sites. Transportation will also be available to the alternate activities throughout the week. Please be sure to designate on registration forms if you are wheelchair bound and require special transportation. Free parking is available at all lodging sites.

HEALTH CARE NEEDS

Medical supervision will be provided throughout the event. All participants requiring daily supportive care and assistance in activities of daily living must be accompanied by support personnel. Nursing care for Adult Daily Living (ADLs) such as bathing, showering, and catheter care is not provided. If you require adaptive equipment, i.e., shower bench, hoist lift, etc., this must be indicated on your medical form so that special arrangements can be made to accommodate these needs. If you have your own equipment, we encourage you to bring it. Remember to bring ample medication.

OPENING CEREMONIES

Opening ceremonies will take place on Monday, July 28, 1997, at 9:00 a.m. on the Main Parade Field, Fort Leavenworth.

CLOSING CEREMONIES

The closing ceremony will take place at the Sherman Army Airfield Hangar, Fort Leavenworth, on Friday, August 1, 1997. The ceremonies will begin at 5:00 p.m. followed by an informal barbecue. Attire is casual.

Each athlete and coach of five athletes will receive a closing ceremony ticket at registration.

MISCELLANEOUS

The National Veterans Golden Age Games has always prohibited alcohol and weapons at any game sites. All participants, volunteers, and support personnel are highly discouraged from bringing weapons to the games. Fort Leavenworth requires all weapons be registered with the Provost Marshal Office. If a person does bring a weapon to the games, a registration desk will be operational. Additionally, a secure storage facility will be available to store weapons for the duration of the games.

KANSAS WEATHER

Kansas weather is somewhat unpredictable, however, you can expect it to be hot and extremely humid in July and August. Temperatures have been known to reach a high of 108° and an evening low of 65°.

11TH NATIONAL VETERANS GOLDEN AGE GAMES COSTS

LODGING	_____	(Total costs from Lodging Reservation Form)
MEAL TICKETS	_____	(If required, see note below)
ALTERNATE ACTIVITIES	<u>\$10.00</u>	(Per person)
CLOSING BANQUET	_____	(\$10.00 for other attendees)
TOTAL COST	_____	PAY THIS AMOUNT

NOTE: Meal Tickets are only required for coaches if less than five veterans are registered as participants. There is no charge for participants. The cost is \$150.00 for 16 meals if a meal ticket is required.

**ALL CHECKS OR MONEY ORDERS SHOULD BE MADE PAYABLE TO THE:
DWIGHT D. EISENHOWER GENERAL POST FUND**

**COMPLETE ALL FORMS, CHECKS, OR MONEY ORDERS AND
RETURN BY MAY 9, 1997 TO:**

**SYLVESTER JOHNSON (IRMS)
REGISTRATION COMMITTEE
DWIGHT D. EISENHOWER VETERAN'S AFFAIRS MEDICAL CENTER
4101 SOUTH 4TH STREET, LEAVENWORTH, KANSAS 66048**

**FURTHER INFORMATION IS AVAILABLE ON THE GOLDEN AGE GAMES HOME PAGE
AT [HTTP://LEAV-WWW.ARMY.MIL/GAMES97](http://leav-www.army.mil/games97)**

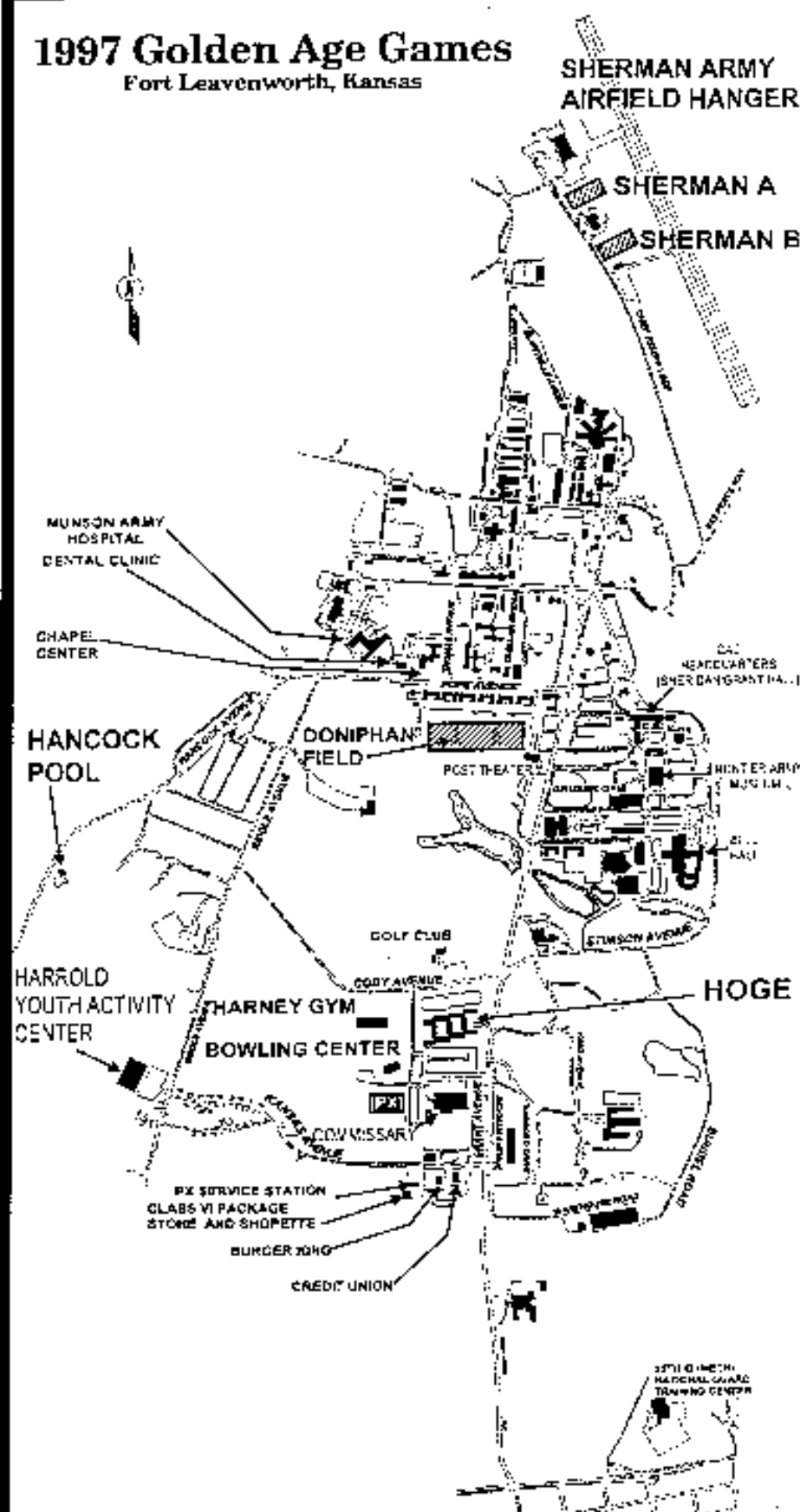
ADDITIONAL ACCOMMODATIONS

BEST WESTERN HALL MARK INN 3211 4TH STREET TRAFFICWAY 1-800-528-1234 913-651-6000			RAMADA INN 3RD AND DELAWARE 1-800-272-6232 913-651-5500	
Number of Rooms	52		Number of Rooms	97
Restaurant	NO		Restaurant	YES
Lounge	NO		Lounge	YES
Meeting Facilities	YES		Meeting Facilities	YES
Banquet Facilities	NO		Banquet Facilities	YES
Cable	YES		Cable	YES
Handicapped Accessible	YES		Handicapped Accessible	YES
Recreation	POOL		Recreation	POOL
COMMANDER'S INN 6TH AND METROPOLITAN 913-651-5800			SALT CREEK VALLEY BED AND BREAKFAST 16425 FORT RILEY ROAD 913-651-2277	
Number of Rooms	39		Number of Rooms	3 (BY RESERVATION ONLY)
Restaurant	NO		Restaurant	NO
Lounge	NO		Lounge	NO
Meeting Facilities	NO		Meeting Facilities	YES
Banquet Facilities	NO		Banquet Facilities	YES
Cable	YES		Cable	NO
Handicapped Accessible	YES		Handicapped Accessible	YES
Recreation	NO		Recreation	NO
CONDOTELS 499 WEST EISENHOWER ROAD 913-727-6590			SUPER 8 MOTEL 303 MONTANA COURT (SOUTH 4TH STREET TRAFFICWAY) 1-800-800-8000 913-682-0744	
Number of Rooms	144		Number of Rooms	60
Restaurant	NO		Restaurant	NO
Lounge	NO		Lounge	NO
Meeting Facilities	YES		Meeting Facilities	YES
Banquet Facilities	YES		Banquet Facilities	NO
Cable	YES		Cable	YES
Handicapped Accessible	YES		Handicapped Accessible	YES
Recreation	POOL, SAUNA, WEIGHT ROOM		Recreation	NO
ECONO LODGE 504 NORTH MAIN 1-800-356-0689 913-727-2777			TERRACE COURT MOTEL 1500 SOUTH 4TH STREET TRAFFICWAY 913-682-0499	
Number of Rooms	40		Number of Rooms	16
Restaurant	NO		Restaurant	NO
Lounge	NO		Lounge	NO
Meeting Facilities	YES		Meeting Facilities	NO
Banquet Facilities	NO		Banquet Facilities	NO
Cable	YES		Cable	YES
Handicapped Accessible	YES		Handicapped Accessible	NO
Recreation	NO		Recreation	NO

Transportation will not be provided to and from these lodging accommodations.

1997 Golden Age Games

Fort Leavenworth, Kansas



FORT LEAVENWORTH

US 73 (METROPOLITAN AVE)

10TH AVENUE

BROADWAY

7TH STREET

6TH STREET

5TH STREET

US 73 (4TH STREET)

3D STREET

2D STREET

N-ESPLANADE

MISSOURI RIVER

SHAWNEE STREET

CHEROKEE STREET

DELAWARE STREET

SPRUCE STREET

5TH AVENUE

2D AVENUE

THORNTON STREET

MARION STREET

LIMIT STREET

MAPLE AVENUE

SHRINE PARK ROAD

MUNCIE ROAD

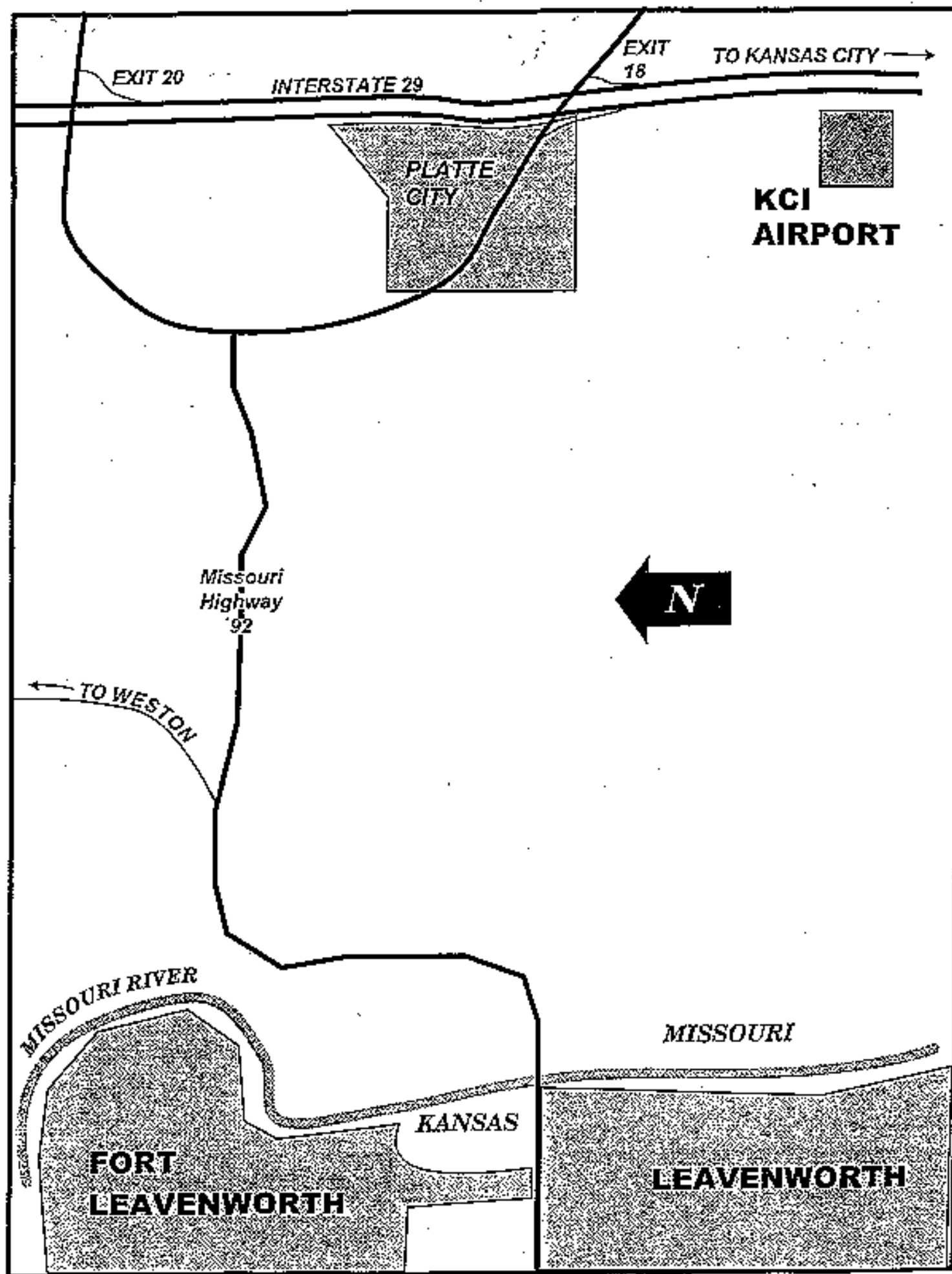
US 73

VA CENTER

SKYWAY LANES



CITY OF
LEAVENWORTH, KANSAS



11th NATIONAL VETERANS GOLDEN AGE GAMES (NVGAG)

FORMS CHECKLIST

COMPLETE ALL FORMS AND RETURN BY MAY 9, 1997, TO:

Sylvester Johnson
Registration Committee (IRMS)
Dwight D. Eisenhower VA Medical Center
4101 South 4th Street
Leavenworth, KS 66048

The Dwight D. Eisenhower VA Medical Center with the support of the Department of Army Combined Arms Center at Fort Leavenworth invite you to participate in the 1997 National Veterans Golden Age Games. The eleventh annual event promotes the values of health and fitness among our senior veteran population. It serves as a showcase for the preventative and therapeutic medical value that sports and recreation provide in the lives of older Americans, and it provides an avenue for socialization and camaraderie our veterans look forward to every year.

Name _____

Before mailing be sure you have completed the following:

- _____ Completed Registration Form (including flight information) - page 11
- _____ Completed Medical Information Form - page 12
- _____ Completed Physical Exam Form signed by VA Physician - page 13
- _____ Event Selection Form (minimum of two, maximum of four events) - page 14
- _____ Hotel Reservation Form - page 15
- _____ Alternate Activities - page 16
- _____ Liability Release Form signed and dated - page 17
- _____ Completed Hometown News Release Questionnaire - page 18

HAVE YOU ATTACHED YOUR CHECK OR MONEY ORDER FOR LODGING, MEAL TICKETS, AND ACTIVITIES?

TEAM COMPETITORS: All applications for teams are encouraged to be submitted together. PLEASE contact your team coordinator to submit your application.

FOR COACHES ONLY: List of athletes you will be coaching (Each athlete must be identified by name - see registration form - page 11)

Name and phone number of Recreation Therapist/staff member who reviewed this application and assure that veteran can participate in the events.

**11TH NATIONAL VETERANS GOLDEN AGE GAMES
HOTEL RESERVATION FORM
JULY 1997
GAMES REGISTRATION CENTER
PLEASE SELECT LODGING OPTION #1, #2, OR #3**

OPTION 1 ☐

Non-Accessible to Wheelchairs
Fort Leavenworth Lodging
Building 695, Hoge
214 Grant Avenue
Fort Leavenworth, KS 66027

~~\$40.00~~ Per Person, Per Night (Shared Bath)

OPTION 2 ☐

Wheelchair Accessible
Embassy Suites at Kansas City International Airport
7640 NW Tiffany Springs Parkway
Kansas City, MO 64153

\$89.00 (Single) \$92.00 (Double)
Limited Availability

OPTION 3 ☐

Hotel for Officials
Non-Accessible to Wheelchairs
Commanders Inn, 6th and Metropolitan, Leavenworth, KS
\$38.50 (Single) \$40.50 (Double)
Limited Availability

HOTELS WILL NOT ACCEPT DIRECT RESERVATIONS
PHONE RESERVATIONS WILL NOT BE ACCEPTED
PETS ARE NOT ALLOWED IN LODGING FACILITIES

COMPLETE FORM AND MAIL TO:

Dwight D. Eisenhower VA Medical Center
ATTN: Sylvester Johnson (LRM5)
4101 S 4th Street
Leavenworth, KS 66048

Last Name

First Name

Phone

Address

Male/Female

Arr Date

Dept Date

OF NIGHTS

NOTE: Persons residing in Hoge must plan a departure date of August 2, 1997, 12:00 pm.

ACCOMMODATIONS

☐

1 BED/1 PERSON

☐

1 BED/2 PERSONS

☐

2 BEDS/3-4 PERSONS

☐

SMOKING

☐

NON-SMOKING

☐

HANDICAP ACCESSIBLE

Hoge guest rooms are all shared bath and kitchenettes with one other person. Please indicate if you wish to be lodged with a particular guest.

NAME _____

Participant/Non-Participant

Do you require a First Floor Room (limited number available) YES/NO

If so, why?

Are you bringing your spouse? YES/NO

Are you bringing an aid/assistant? YES/NO

Will you be flying into KCI or driving?

IF YOU PLAN ON ARRIVING SATURDAY, JULY 26, 1997, PLEASE PROCEED DIRECTLY TO YOUR ASSIGNED HOTEL. IF YOUR ARRIVAL IS SUNDAY, JULY 27, 1997, PROCEED TO REGISTRATION AT HARVEY CYM, BUILDING 664, FORT LEAVENWORTH.

SIGNATURE :

REGISTRATION - 11th NVGAG

POSTMARK DEADLINE IS MAY 9, 1997. Incomplete forms will be returned and must be resubmitted by the registration deadline. **NO APPLICATIONS WILL BE ACCEPTED AFTER MAY 9, 1997.**

I am: ☐ Competitor ☐ Alternate ☐ Coach

T-Shirt ☐ L ☐ XL ☐ XXL

Social Security # _____/_____/_____

☐ Male ☐ Female

Birth Date ____/____/____
month day year

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ ZIP _____

Day Phone (_____) _____ Evening Phone (_____) _____

Are you a member of a team? ☐ Yes ☐ No If yes, team name _____

Coach's Name _____ Phone (_____) _____

Primary VA Medical Center _____ Address _____

Are you a VFW Member? ☐ Yes ☐ No If yes, which post? _____

Branch of Service _____ Unit _____ POW _____

Do you have a service connected disability? ☐ Yes ☐ No

Will you be driving? ☐ Yes ☐ No If yes, arrival date: ____/____/____ Departure date: ____/____/____

Flight Arrival at Kansas City International Airport

Airline: _____ Date ____/____/____ Flight Number: _____ Time: _____

Flight Departure

Airline: _____ Date ____/____/____ Flight Number: _____ Time: _____

Do you need transportation to and from the airport? ☐ Yes ☐ No

Do you use a wheelchair? ☐ Yes ☐ No

Are you bringing a wheelchair? ☐ Yes ☐ No If yes, please complete the following:

Make _____ Model _____ Serial Number _____

☐ Motorized ☐ Manual

Tire size: ☐ 24" ☐ 26" Seat Depth: ☐ 16" ☐ 18" ☐ Other

Caster size: ☐ 6" ☐ 8" ☐ Other Seat Width: ☐ 16" ☐ 18" ☐ Other

☐ Wheelchair/Electric Cart bound requiring special transportation.

☐ Wheelchair/Electric Cart user able to board bus/van with wheelchair/electric cart stowed until destination is reached.

You must have your wheelchair inspected by a VA Prosthetic Specialist before arrival at the Games.

Chair inspected by: _____

Signature

Printed Name

COACHES ONLY: List the names of five athletes you will be coaching; one coach to five athletes.

NOTE: The coach may not be one of the five athletes.

1. _____ 2. _____ 3. _____

4. _____ 5. _____

Alternate Athletes:

1. _____ 2. _____ 3. _____

11TH NVGAG

GENERAL MEDICAL INFORMATION FORM

(To be completed by participant or coach. Please type or print clearly.)

Date ____/____/____ VA Medical Center _____

Name _____ Social Security Number ____/____/____ Age ____

Address _____ City _____ State _____ Zip _____

Daytime Phone (____) _____ Evening Phone (____) _____

ADAPTIVE EQUIPMENT (Please indicate your requirements.)

☐ Patient Lift Device ☐ Shower Bench ☐ Commode Chair
☐ Other _____

☐ I will be bringing my own adaptive equipment.

☐ I will need adaptive equipment provided.

Make _____ Model _____

Make _____ Model _____

MEDICAL INFORMATION (Please list all other medical information concerning your current health status.)

Would you be willing to participate in a research study? ☐ Yes ☐ No

Your VA Physician: (Please type or print clearly.)

Doctor's Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

In Case of an Emergency, Notify:

Name _____ Phone (____) _____ Relationship to Athlete _____

Address _____ City _____ State _____ Zip _____

Each participant must have a physician complete and sign the General Medical/Physical Exam Form. **If the General Medical/Physical Exam Form is not completed entirely and properly signed, your registration packet will not be accepted. It will be returned to you for completion. THERE WILL BE NO EXCEPTIONS TO THIS POLICY.** Medical assistance will be provided 24 hours a day as part of the 1997 Games. Sick call or emergency medical treatment will be provided at each hotel, and medical teams will have satellite stations at all events. **As a reminder, participants are to bring ample medication with them to last throughout the week.**

PHYSICAL EXAM

(To be completed by the examining VA physician. Please type or print clearly.)

Physician: Your detailed exam of the participant will be very helpful to the medical assistance team. If an assistant completes this form, please co-sign the exam. Please refer to event selection form.

Date: ____/____/____

Social Security Number: ____/____/____

Last Name: _____ First Name: _____ MI: _____

DIAGNOSIS/TYPE OF INJURY:

Amputee Coronary Artery Disease DJD Other _____
CHF Diabetes S/P CVA _____
COPD Dementia ð HTN _____

Present and Past Medical History (diabetes, heart disease, hypertension, etc.): _____

Known Allergies: _____

MEDICATIONS (Please attach a medication profile if available.)

	Medication Name (If profile not attached.)	Dosage	How Often Taken
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Is the patient on anticoagulants drugs? Yes No Indication: Afib ð DVT ð PE ð
Target INR _____ Last INR _____ Other _____

Weight: _____ Blood Pressure: _____ Pulse: _____

Significant positive physical findings:

In my opinion, the above individual: **IS** cleared to compete or **IS NOT** cleared to compete

If not cleared, reason why: _____

Name of VA Examiner: _____ Signature: _____

Name of VA Physician: _____ Signature: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone Number of Physician: (____) _____

Each participant must have a physician complete and sign the General Medical/Physical Exam Form. **If the General Medical/Physical Exam Form is not completed entirely and properly signed, your registration packet will not be accepted. It will be returned to you for completion. THERE WILL BE NO EXCEPTIONS TO THIS POLICY.** Medical assistance will be provided 24 hours a day as part of the 1997 Games. Sick call or emergency medical treatment will be provided at each hotel, and medical teams will have satellite stations at all events. **As a reminder, participants are to bring ample medication with them to last throughout the week. Please attach copy of recent EKG for patients with cardiac disease.**

TO THE EXAMINER: These events will take place in Kansas in late July, when temperatures are usually in excess of 90°. We depend heavily upon your clinical assessment of each participant's physical capabilities. Please give this your careful consideration.

11TH NVGAG EVENT SCHEDULE AND SELECTION

Check at least two but no more than four events. Please DO NOT schedule conflicting events!

NAME _____

AGE AS OF JULY 26, 1997: ☐ 55-59 ☐ 60-64 ☐ 65-69 ☐ 70-74 ☐ 75-79 ☐ 80+

AFTER AGE GROUP:

All participants will be screened for biking and swimming events at registration.

Visually impaired in checkers and dominoes will compete in the regular event.

☐ JULY 28, MONDAY, CROQUET

1 PM 65-69, 75-79

2 PM 55-59, 70-74

3 PM 60-64, 80+

☐ Ambulatory

☐ JULY 28, MONDAY, DOMINOES

1 PM 60-64, 80+

2 PM 65-69, 75-79

3 PM 55-59, 70-74

☐ JULY 28, MONDAY, PENTATHLON

6 PM B-Ball/Air Gun All Ages

☐ Ambulatory ☐ Wheelchair

☐ JULY 29, TUESDAY, BOWLING

8 AM 60-64

9:30 AM 65-69

11 AM 70-74

1 PM 75-79

2:30 PM 55-59, 80+

3:30 PM Make-up

☐ Ambulatory ☐ Ambulatory Handle

☐ Wheelchair Manual ☐ Wheelchair Ramp

☐ Wheelchair Handle ☐ Wheelchair Stick

☐ Visually Impaired

☐ JULY 29, TUESDAY, CHECKERS

8 AM 70-74, 75-79

9:30 AM 55-59, 80+

1 PM 60-64

2:30 PM 65-69

☐ JULY 29, TUESDAY, GOLF

8 AM All Ages

☐ Ambulatory

☐ JULY 29, TUESDAY, PENTATHLON

8 AM Shot/Disc/Softball Hit All Ages

☐ Ambulatory ☐ Wheelchair

☐ JULY 30, WEDNESDAY, HORSESHOES

8 AM 65-69, 80+

10 AM 55-59, 75-79

1 PM 70-74

3 PM 60-64

☐ Wheelchair ☐ Ambulatory ☐ Visually Impaired

☐ JULY 30, WEDNESDAY, SHUFFLEBOARD

8 AM 65-69, 80+

10 AM 55-59, 75-79

1 PM 70-74

3 PM 60-64

☐ Ambulatory ☐ Wheelchair

☐ JULY 31, THURSDAY, BILLIARDS/EIGHTBALL

10 AM 75-79, 80+

1 PM 55-59

1:30 PM 60-64

2:30 PM 65-69

3 PM 70-74

☐ Ambulatory ☐ Wheelchair

☐ JULY 31, THURSDAY, SWIMMING

8 AM All Ages

☐ Freestyle 25 Yd (Amb)

☐ Freestyle 25 Yd (W/C)

☐ Backstroke 25 Yd (Amb)

☐ Backstroke 25 Yd (W/C)

☐ Freestyle 50 Yd (Amb)

☐ Freestyle 50 Yd (W/C)

☐ Backstroke 50 Yd (Amb)

☐ Backstroke 50 Yd (W/C)

☐ Freestyle 75 Yd (Amb)

☐ Freestyle 75 Yd (W/C)

☐ AUGUST 1, FRIDAY, BICYCLING

8 AM 1/4 Mile 70-74, 75-79, & 80+

8:30 AM 1/4 Mile 55-59, 60-64, & 65-69

9 AM 1/2 Mile 70-74, 75-79, & 80+

9:30 AM 1/2 Mile 55-59, 60-64, & 65-69

☐ Ambulatory

AUGUST 1, FRIDAY, TABLE TENNIS

8 AM 60-64

10 AM 70-74

1 PM 55-59, 75-79

2 PM 65-69, 80+

☐ Ambulatory ☐ Wheelchair

RAIN DATE MAKE-UP ALL EVENTS IS FRIDAY, AUGUST 1, AT 1 PM

11TH NATIONAL VETERANS GOLDEN AGE GAMES ALTERNATE ACTIVITIES

Listed below are alternate activities you may want to attend. Check box beside event you would like to attend, and if wheelchair transportation is needed. Space is limited so please check event schedule prior to signing up for alternate activities. Pre-registration is required for these trips, and space will be assigned on a first-come first-serve basis.

NAME _____

<input type="checkbox"/> KC Chief's Cheerleaders and Pizza Party	_____ Number Attending	<input type="checkbox"/> Kansas History /Air Combat Museums	_____ Number Attending
<input type="checkbox"/> Britt Small and Festival	_____ Number Attending	<input type="checkbox"/> Ma Bell's Country Food and Dance	_____ Number Attending
(Country & Western Band)			
<input type="checkbox"/> Antique Car Show	_____ Number Attending	<input type="checkbox"/> Entertainment Night	_____ Number Attending
<input type="checkbox"/> Re-Creation Musical Entertainment	_____ Number Attending	<input type="checkbox"/> Truman Library/Steamboat Arabia Museum	_____ Number Attending
<input type="checkbox"/> Military Night Comradeship	_____ Number Attending	<input type="checkbox"/> KC Riverboat - Missouri Queen	_____ Number Attending
<input type="checkbox"/> KC Zoo	_____ Number Attending	<input type="checkbox"/> Skeet Shoot	_____ Number Attending
<input type="checkbox"/> Casino Night	_____ Number Attending	<input type="checkbox"/> Fishing Tournament	_____ Number Attending
<input type="checkbox"/> Darts Exhibition	_____ Number Attending	<input type="checkbox"/> Closing Ceremony/Barbecue	_____ Number Attending
Please fill in below if needed:			
<input type="checkbox"/> Wheelchair transportation and number needed _____			

DATE AND TIME	EVENT	AGE GROUP	LOCATION
SUNDAY - JULY 27, 1997			
6:00 PM - 7:30 PM	KC Chief's Cheerleaders and Pizza Party	All	Frontier Conference Center
7:30 PM - 8:30 PM	Britt Small and Festival (Country & Western Band)	All	Frontier Conference Center
MONDAY - JULY 28, 1997			
6:00 PM - 7:30 PM	Antique Car Show	All	Frontier Conference Center Parking Lot
7:30 PM - 9:00 PM	Re-Creation Musical Entertainment	All	Frontier Conference Center
9:00 PM - 10:30 PM	Military Night Comradeship	All	Frontier Conference Center
TUESDAY - JULY 29, 1997			
Load - 8:30 AM Return - 3:00 PM	KC Zoo Lunch served by VFW	All	Load at Hoge/Embassy
Load - 6:15 PM Boat Cruise: 7:30 PM - 10:00 PM	KC Riverboat - Missouri Queen	All	Load at Hoge/Embassy
WEDNESDAY - JULY 30, 1997			
Load - 8:30 AM Return - 3:00 PM	Kansas History Museum Air Combat Museum Dinner Served	All	Load at Hoge/Embassy
9:00 AM - 12:00 PM	Fishing Tournament (Catch and Release)	All	Merritt Lake
Load - 5:00 PM - 9:00 PM	Ma Bell's Country Food and Dance Entertainment	All	Load at Hoge/Embassy
7:00 PM - 10:00 PM	Entertainment Night Disc Jockey/Comedian/Karoke	All	Frontier Conference Center
THURSDAY - JULY 31, 1997			
Load - 8:30 AM Return - 3:00 PM	Truman Library and Steamboat Arabia Museum	All	Load at Hoge/Embassy
9:00 AM - 12:00 PM	Fishing Tournament (Catch and Release)	All	Merritt Lake
7:30 PM - 10:30 PM	Casino Night	All	Harney East
FRIDAY - AUGUST 1, 1997			
9:00 AM - 12:00 PM	Skeet Shoot	All	Skeet Range
1:00 PM - 3:00 PM	Darts (Electronic)	All	Harrold Youth Center
5:00 PM - 9:00 PM	Closing Ceremony/Barbecue	All	Sherman Army Airfield

**After all the above activities are confirmed, we will be adding local events such as museums, shopping, etc.
There will be a \$10.00 one time fee for alternate activities.**

11th NATIONAL VETERANS GOLDEN AGE GAMES

Release of Liability and Consent for Use of Picture, Voice and Registration Data

I, the undersigned, in consideration of accepting my entry into the 11th National Golden Age Games, do hereby for myself my heirs and administrators waive any and all claims against officials; sponsors; volunteers; the United States Government; the Department of Veterans Affairs; the Veterans of Foreign Wars; the city of Leavenworth, Kansas; Hoge Barracks at Fort Leavenworth; Embassy Suites Hotel, Kansas City; Missouri, Commander's Inn, Leavenworth, Kansas; Department of the Army, Fort Leavenworth, Kansas; and all other persons or agencies, from any and all liability for injuries, illness, and/or expenses incurred by me during the 11th National Golden Age Games.

In case of accident during the above-named activity, I consent to any medical assistance that may be administered to me.

I hereby voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me by the Department of Veterans Affairs, Veterans of Foreign Wars, U.S. military publications, and other magazines, veteran publications, newspapers and broadcast media, etc., while I am a participant in the 11th National Golden Age Games. I authorize disclosure of the picture(s) and/or voice recording(s) to any and all of the above. I understand that the said picture(s) and/or recording(s) are intended to publicize and give recognition to the National Veterans Golden Age Games.

Also, I authorize storage of my registration and event data in the electronic media. I further understand that no royalty, fee, or other compensation of any character shall become payable to me for the use of my picture and/or voice.

SIGNATURE _____

NAME (*Please print*) _____

DATE SIGNED ____/____/____

PLEASE RETURN ENTIRE PACKET
HOMETOWN NEWS RELEASE
QUESTIONNAIRE - 11th NVGAG

(To be completed by participant)

FOR OFFICE USE ONLY
Competitor Number _____

We will use this information to prepare a news release about you and your participation in the Golden Age Games. Please fill this form out completely. Thank you.

1. Name (as you want it to appear in a news release): _____

2. Address: (Street, City, State, Zip)

3. Social Security Number: _____/_____/_____ Name of Sponsor: _____ M____F____

4. What is the nearest DAILY newspaper to your home and in what city is it published? If you don't know where the closest daily newspaper is published, please give us the name of the closest city to where you live.

Newspaper _____ City/State _____

5. Would you like us to send a release to any specialized local publication including?

☐ African American ☐ Hispanic ☐ Asian-American ☐ Other _____

6. Please indicate your branch of service (Check those that apply.)

☐ Army ☐ Air Force ☐ Marine Corps ☐ Navy
☐ Coast Guard ☐ National Guard ☐ Other _____

7. Did you serve in any of the following? (Check those that apply.)

☐ World War II (European Theater) ☐ World War II (Pacific) ☐ Korean War ☐ Somalia
☐ Vietnam ☐ Lebanon ☐ Panama ☐ Persian Gulf
☐ Grenada ☐ Other _____

8. Are there any experiences that occurred during your time in the military you would like to share: POW, combat injury, honors/medals, etc. ☐ Yes ☐ No

Brief Description _____

9. Please give us a quote on how it feels to participate in the Golden Age Games; what this event means to you or anything else you would like to be quoted as saying in the news release.